PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

INSTRUCTIONS: This for appropriate, All further co- indicated unless corrected maintenance fee notification	prespondence including below or directed oth	or transmitting the ISSU g the Patent, advance of erwise in Block 1, by (a	ders and notification of the correction of the corrections and the corrections are corrections and the corrections are corrected as the correction of the corrections are corrected as the correction of the corre	espondence address;	and/or	(b) indicating a separ	ate "FEE ADDRESS" for	
CURRENT CORRESPONDEN	Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
S487 7590 07/26/2007 ROSS J. OEHLER SANOFI-AVENTIS U.S. LLC 1041 ROUTE 202-206				Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
MAIL CODE: D303A				(Деровног'я вато)				
BRIDGEWATER, NJ 08807				(Signature)				
							(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		PR .	. ATTORNBY DOCKET NO.		CONFIRMATION NO.	
10/788,997 02/27/2004			Christian Stapper DEAV2003/0081U		2003/0081US NP	8360		
TITLE OF INVENTION: CYCLOALKYL-SUBSTITUTED AMINO ACID DERIVATIVES, PROCESSES FOR THEIR PREPARATION AND THEIR USE AS PHARMACEUTICALS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUB	DATE DUE	
nonprovisional	МО	\$1400	\$300	. \$0		\$1700	10/26/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]				
SABED, KAMAL A		1626	514-340000					
 Change of correspondence address or indication of "Fee Addres CFR 1.363). Change of correspondence address (or Change of Correspo Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cu Number is required. 			or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent at	printing on the patent front page, list names of up to 3 registered patent attorneys ats OR, alternatively, name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed. 1 Barbara E. KURI 2 3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
ofi-Aventis Deutschland GmbH, Frankfurt, Germany								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔏 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit as overpayment, to Deposit Account Number 1 - 1962 (enclose an extra copy of this								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and I	Publication Fee (if requestred of the United State	ired) will not be accepted es Patent and Trademark	from anyone other than Office.	the applicant; a regi	stered att	omey or agent; or the	assignee or other party in	
Authorized Signature	Balan	E.K.		Date 10	16/0-	7		
Typed or printed name	Barbara	E. Kury	<u> </u>	Registration N	io. <u>3</u>	4,650	-	
This collection of information application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virjalexandria, 22313	ion is required by 37 Cl lity is governed by 35 application form to the s for reducing this bur ginia 22313-1450. DO	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	n is required to obtain or 1.14. This collection is e depending upon the ind chief Information Offic COMPLETED FORMS	retain a benefit by the stimated to take 12 relividual case. Any coper, U.S. Patent and TO THIS ADDRESS	he public ninutes to mments Tradema i. SEND	which is to file (and to complete, including on the amount of time rk Office, U.S. Depart TO: Commissioner fo	by the USPTO to process) gathering, preparing, and by you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.